THE UNIVERSITY OF NOTRE DAME AUSTRALIA

Procedure:

Internal Audit Key Performance Indicators

Effective: 10 July 2025

Audience: Employees

Policy Category: Governance
Policy Sub-category: Risk and Audit

Key words:	Internal Audit; key performance indicators
Procedure Owner:	Audit and Risk Committee
Responsible Officer:	Director, Risk and Assurance
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1 PURPOSE

1.1 To provide guidance to the University of Notre Dame Australia (**University**) Audit and Risk Committee (**Committee**), management, and Internal Audit on Key Performance Indicators (**KPI**) over Internal Audit. This Procedure supports the implementation of the Internal Audit Charter.

1.2 To articulate the roles and responsibilities required, and the processes to undertake, in relation to Internal Audit KPIs.

2 RELATED POLICIES AND PROCEDURES

2.1 This Procedure should be read in conjunction with the following policies and procedures:

2.1.1 *Internal Audit Charter*
2.1.2 *Procedure: Internal Audit Planning*
2.1.3 *Procedure: Delivery of Internal Audit*
2.1.4 *Procedure: Follow-up of Outstanding Internal Audit Recommendations*

3 SCOPE

3.1 KPIs are used to measure the Internal Audit function's effectiveness and efficiency.

3.2 The KPIs provide coverage over three measures: timeliness, quality and efficiency.

3.3 Internal Audit maintains the KPIs and report to the Committee twice a year.

3.4 This Procedure is applicable to:

3.4.1 Committee Members
3.4.2 The Internal Audit function, and
3.4.3 Any person or group involved in the Internal Audit process, including management.

4 RESPONSIBILITIES

4.1 The **Committee**:

4.1.1 Monitors the KPIs, as reported by Internal Audit, twice a year, and
4.1.2 Based on the KPIs reports, recommends actions to the University Executive and/or Internal Audit as appropriate.

4.2 The **Internal Audit Executive** is responsible for the Internal Audit function. The Internal Audit Executive:

4.2.1 Ensures all stakeholders of the Internal Audit function are aware of and understand this Procedure
4.2.2 Monitors the KPI process, including the KPIs as reported by Internal Audit
4.2.3 Ensures the Committee's recommended actions are carried out in a timely manner, and
4.2.4 Facilitates the communication between Internal Audit and the University Executive as required.

4.3 **Internal Audit**:

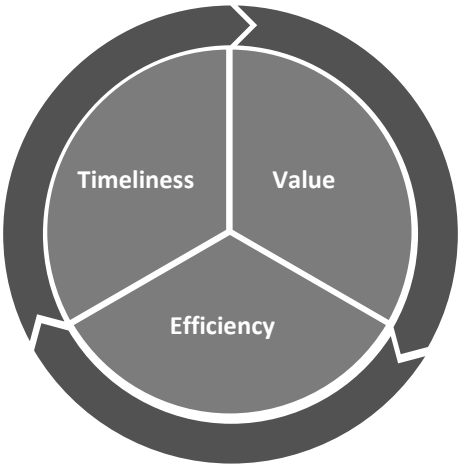
4.3.1 Maintains the Internal Audit KPIs
4.3.2 Reports on the KPIs to the Committee twice a year, and

4.3.3 Ensures the Committee's recommended actions relevant to Internal Audit are carried out in a timely manner.

4.4 The **University Executive** ensures the Committee's recommended actions relevant to the University Executive are carried out in a timely manner.

5 INTERNAL AUDIT KEY PERFORMANCE INDICATORS

5.1 The KPIs provide coverage over three measures: timeliness, quality and efficiency.



5.2 The following KPIs are maintained by Internal Audit and reported to the Committee twice a year:

Measure	Objectives	KPI
5.2.1 Timeliness	Timely reporting of internal audits.	5.2.1.1 Provision of management comments by the relevant Responsible Executive to Internal Audit within 10 working days of issuing the Draft Internal Audit report for management comment. 5.2.1.2 Distribution of a Final Internal Audit report within 10 working days of receipt of all of management's responses to the draft internal Audit report.
5.2.2 Value	Deliver quality and value-adding internal audits.	5.2.2.1 Achieve an average overall score of 75% across the audit feedback survey questions, for each internal audit.

Measure	Objectives	KPI
5.2.3 Efficiency	Efficiently deliver the internal audit activities agreed in the Internal Audit Plan.	5.2.3.1 Present 90% of internal audit reports on the previous year's internal audit plan by the following year's March Audit and Risk Committee. 5.2.3.2 No Catastrophic rated recommendations with slippage past their due date. 5.2.3.3 No Major rated audit actions with slippage greater than 3 months past their due date. 5.2.3.4 Less than 20% of Medium rated audit actions with slippage greater than 6 months past their due date.

6 REVIEW OF THIS PROCEDURE

6.1 This Procedure should be reviewed every three years by the Internal Audit Executive to ensure that the Procedure is current and accurately reflect the process that should be followed.

7 DEFINITIONS

7.1 For **the purposes of this Procedure, the following definitions apply:**

7.1.1 ***University Executive*** means the executive management group of the University.

7.1.2 ***University*** means the University of Notre Dame Australia.

7.1.3 ***Chair*** means the person appointed to lead the University's Committee.

7.1.4 ***Internal Audit*** means the independent, objective assurance and consulting function designed to evaluate and improve the effectiveness of risk management, control and governance processes.

7.1.5 ***Internal Audit engagement*** means the application of specific Internal Audit resources and methodology to complete a discrete scoped piece of work.

7.1.6 ***Internal Audit Executive*** means the Executive of the University who operationally manages the Internal Audit function.

7.1.7 ***Responsible Executive*** means the member of the University Executive accountable for the process area subject to a specific internal audit engagement.

7.1.8 ***Internal Audit Plan*** refers to the annual Internal Audit Plan endorsed by the Committee, listing the proposed internal audit activities across the organisation covering high-risk areas, core, and enabling business processes.

7.1.9 ***Internal Audit Follow-Up*** refers to the process to monitor the progress on the action

taken to address any outstanding internal audit recommendation.

Version	Date of approval	Approved by	Amendment
1	20 June 2019	PVC, Strategy and Planning	Effective date – new Procedure.
	16 July 2020	PVC, Strategy and Planning	Review date changed from July 2020 to July 2022 in line with Policy Framework.
2	6 August 2020	Board of Directors	References to Finance, Audit and Risk Committee replaced with Audit and Risk Committee.
	21 February 2022	University Secretary	Administrative change to reflect new policy owner.
3	20 July 2022	Audit and Risk Committee	Amendment of Clause 5.2.3 as previously requested by the Audit and Risk Committee.
4	10 July 2025	Audit and Risk Committee	Minor amendments to wording and formatting corrections.

8 PROCESS SUMMARY

Process Step	***Responsibility***
Maintain KPI's in accordance with clause 5.2. Report to Committee in July and November Committee meetings	Internal Audit Executive via Director Risk and Assurance
Monitor KPI's and recommend action to University Executive and Internal Audit as appropriate	Committee
Enforce Committee's recommended actions	Internal Audit Executive and/or University Executive